

REQUEST FOR COPY OF OPEN RECORDS
CITY OF MISSION HILLS, KANSAS

(To Be Completed by Requester)

NAME: _____

ADDRESS: _____ (Street)
_____ (City, State)

SIGNATURE: _____

RECORD SOUGHT: Please provide as specific a description as possible of the record(s) you desire to copy. Include record titles and dates, as well as the names of City agencies or departments which produced or hold the record(s):

	# of copies
_____	_____
_____	_____
_____	_____

CHARGES: A charge for providing access to public records is authorized by state law and has been established by the City. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request.

The charge to you for copy(s) of record(s) you requested is: \$____.____.

Prepayment of the above amount is: ☐ Required ☐ Not Required

Your copy of this form is your receipt.

(To Be Completed by Record Custodian)

Time of Request: Date _____ Time Access Provided: Date _____
Time: ____:____ AM / PM Time: ____:____ AM / PM

Request Made By: ☐ Mail ☐ Phone ☐ In Person ☐ E-mail ☐ Other

Staff Time Involved: _____ Hours _____ Minutes

Charge per page copies: \$____.____

Total Charges: \$____.____

☐ Prepaid
☐ Paid

Record Custodian